## Retiree Rates

Kaiser (15)	Employee Only	Employee Spouse	Employee Child	Employee Family
Monthly Contribution	0.00	857.00	631.00	1494.00
Semi Annual Contribution	0.00	5142.00	3786.00	8964.00
Annual Contribution	\$0.00	\$10,284.00	\$7,572.00	\$17,928.00
VEBA DIRECT HMO	Employee Only	Employee Spouse	Employee Child	Employee Family
Monthly Contribution	0.00	863.00	494.00	1547.00
Semi Annual Contribution	0.00	5178.00	2964.00	9282.00
Annual Contribution	\$0.00	\$10,356.00	\$5,928.00	\$18,564.00
UHC Harmony \$10	Employee Only	Employee Spouse	Employee Child	Employee Family
Monthly Contribution	0.00	796.00	485.00	1432.00
Semi Annual Contribution	0.00	4776.00	2910.00	8592.00
Annual Contribution	\$0.00	\$9,552.00	\$5,820.00	\$17,184.00
UHC Journey Plan Harmony	Employee Only	Employee Spouse	Employee Child	Employee Family
Monthly Contribution	0.00	723.00	448.00	1308.00
Semi Annual Contribution	0.00	4338.00	2688.00	7848.00
Annual Contribution  UHC Performance HMO Network 3	\$0.00	\$8,676.00	\$5,376.00	\$15,696.00
	Employee Only	Employee Spouse	Employee Child	Employee Family
Monthly Contribution	99.00	885.00	508.00	1579.00
Semi Annual Contribution	594.00	5310.00	3048.00	9474.00
Annual Contribution	\$1,188.00	\$10,620.00	\$6,096.00	\$18,948.00
UHC Signature Value Alliance \$10	Employee Only	Employee Spouse	Employee Child	Employee Family
Monthly Contribution	129.00	1089.00	665.00	1859.00
Semi Annual Contribution	774.00	6534.00	3990.00	11154.00
Annual Contribution	\$1,548.00	\$13,068.00	\$7,980.00	\$22,308.00
Delta Dental PPO	Employee Only	Employee Spouse	Employee Child	Employee Family
Delta Dental PPO  Monthly Contribution	• •			• •
	Only	Spouse	Child	Family
Monthly Contribution Semi Annual Contribution	<b>Only</b> 0.00	<b>Spouse</b> \$55.05	<b>Child</b> \$40.01	<b>Family</b> \$95.32
Monthly Contribution	0.00 0.00	\$55.05 \$330.30	\$40.01 \$240.05	\$95.32 \$571.90
Monthly Contribution Semi Annual Contribution Annual Contribution	0.00 0.00 \$0.00 \$mployee	\$55.05 \$330.30 \$660.60 Employee	\$40.01 \$240.05 \$480.10 Employee	\$95.32 \$571.90 \$1,143.80 Employee
Monthly Contribution Semi Annual Contribution Annual Contribution  Delta Care HMO	0nly 0.00 0.00 \$0.00  Employee Only	\$55.05 \$330.30 \$660.60 Employee Spouse	\$40.01 \$240.05 \$480.10 Employee Child	\$95.32 \$571.90 \$1,143.80 Employee Family

## **2024 Retiree Rates**

	Employee	<b>Employee</b>	Employee	<b>Employee</b>
EYEMED Vision	Only	Spouse	Child	Family
Monthly Contribution	9.53	17.17	16.81	24.60
Semi Annual Contribution	57.20	103.00	100.85	147.60
Annual Contribution	\$114.40	\$206.00	\$201.70	\$295.20